

Williamson County COBRA

Continuing Your Benefits in 2010

Each year COBRA participants have the opportunity during the Annual Open Enrollment period to make a plan change if necessary. COBRA participants will have until December 18, 2009 to notify the Benefits Department of changes.

Enclosed are coupons that reflect the coverage you are enrolled and the cost effective January 1, 2010. This coverage will continue unless you notify the Benefits Department to make a change.

This brochure will review the changes that will affect you and covered dependents effective January 1, 2010. If you have any questions regarding your COBRA coverage, please contact Laurie Gulan at 591-8506.



Effective January 1, 2010, all long-term medication (also known as maintenance medication) must be purchased through mail order.

A long-term medication is taken regularly for chronic conditions or long-term therapy. Examples include medications for managing high blood pressure, asthma, diabetes, high cholesterol or birth control.

Medications for immediate use (antibiotics) will still be purchased at any network retail pharmacy.

You will receive significant savings by getting your long-term medications, in a 90-day supply, through our **CVS Caremark Mail Service Pharmacy**.

You will be allowed 2 30-day fills at a network retail pharmacy. After these 2 fills, you will need to have 90-day supply prescriptions filled by the CVS Caremark Mail Service Pharmacy thereafter.

If you currently receive your long-term medications through the CVS Caremark Mail Service—**no action is required**.

If you need to change to CVS Caremark Mail Service for your long-term medications, contact the FastStart Program at 1-866-273-5268 and Caremark will contact your doctor directly.

Your Personal Prescription Benefit Guide

	Retail	Mail
	30 day supply	90 day supply
Generic	\$10	\$10
Preferred Brand	20% or \$20 minimum*	\$40
Non Preferred Brand	35% or \$35 minimum*	\$75

*\$100 maximum

Participants enrolled in the plan currently will receive a mailer from Caremark as a reminder of this change

Monthly Premiums Effective January 1, 2010

<u>Deductible Plan</u>	Single	\$ 679.80
	2 Party	\$1,427.57
	Family	\$2,107.35
<u>Co-Pay Plan</u>	Single	\$ 474.22
	2 Party	\$ 995.87
	Family	\$1,470.11
<u>Dental</u>	Single	\$ 30.94
	Family	\$ 95.91

Medical Plan Changes

Deductible Plan

The yearly individual and family deductible maximum will change as follows:

Individual Deductible	\$300 to \$400
Family Deductible	\$750 to \$1000

Co-Pay Plan

The in-patient confinement Co-Pay will change from \$250 to \$350 per occurrence.

Outpatient confinement will remain at \$250 per occurrence.